



LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES

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PROBLEM TRANSFER REPORT FORM

TODAY'S DATE: _____

TO: John Quiroz, Program Manager
Emergency Medical Services Agency
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670
Tel: (562) 347-1510
Fax: (562) 946-5716
E-mail: jquiroz@dhs.lacounty.gov

Problem Transfer Reports that involve Intra-County or inpatient transfer issues are to be submitted directly to John Quiroz, Emergency Medical Services Agency

Or

Eric Stone, Program Manager
Health Facilities Inspection Division
Los Angeles County Department of Public Health
3400 Aerojet Avenue, Suite #323
El Monte, California 91731
Tel: (626) 312-1142
Fax: (626) 927-9293
E-mail: Eric.Stone@cdph.ca.gov

Problem Transfer Reports that involve potential EMTALA violations are to be submitted directly to Eric Stone, Health Facilities Division

FROM: NAME OF HOSPITAL: _____
DEPARTMENT: _____
CONTACT PERSON: _____ TELEPHONE#: _____
ALTERNATE: _____ TELEPHONE#: _____
BEST TIME TO CONTACT: _____

Date/Time of Occurrence: ____/____/____ :____ AM PM

Patient's Name: _____ HOSP #: _____

ED to ED Transfer [] Inpatient Transfer []

Sending Facility _____ Contact # _____

Sending Physician _____ Contact # _____

Receiving Facility _____ Contact # _____

Receiving Physician _____ Contact # _____

Instructions

This form may be used by Department of Health Services (DHS) Acute Care Facilities to report a non-County facility to Health Facilities Investigation Division for incidents that involved the inappropriate transfer or discharge arrangement of a patient to a DHS facility which may have violated an element of the Emergency Medical Treatment and Active Labor Act (EMTALA) and may have resulted in an adverse outcome. Please complete this form and include as much pertinent clinical information or attachments to demonstrate the patient's medical condition, specific treatment concerns and other details relevant to the patient transfer arrangement. The Problem Transfer report and attachments are to be submitted to the **Health Facilities Investigation Division**.



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Instructions Continued:

This form may also be used by DHS Acute Care Facilities to report intra-County or inpatient (**Non-EMTALA**) transfer issues to the Emergency Medical Services (EMS) Agency for incidents that involved the inappropriate transfer arrangements of a patient to a DHS facility and that resulted in or had the potential to result in an adverse patient outcome. Please complete this form and include as much pertinent clinical information or attachments to demonstrate the patient's medical condition, specific treatment concerns and other details relevant to the patient transfer arrangement. The Problem Transfer report and attachments are to be submitted to the **EMS Agency**.

THIS CASE IS BEING REFERRED FOR THE FOLLOWING REASONS: (Check all that apply)

PROBLEM TRANSFER:

- ☐ transfer without Medical Alert Center involvement
- ☐ no physician to physician communication
- ☐ patient sent to receiving facility without prior notification
- ☐ patient sent to receiving facility without acceptance/authorization
- ☐ delay in transfer with adverse outcome
- ☐ patient is a lateral transfer and represented as needing a higher level of care
- ☐ failure of on-call physician at sending facility to respond

DIAGNOSIS/TREATMENT:

- ☐ admitting diagnosis differs from reason for transfer
- ☐ patient's clinical condition differs from information given on the phone
- ☐ adequate treatment for stabilization could/should have been done prior to transfer
- ☐ inappropriateness of treatment at sending facility
- ☐ patient transferred from another licensed facility that appeared ill treated

TRANSPORTATION:

- ☐ delay in transportation with adverse outcome
- ☐ patient sent without medical records (including labs and x-rays)
- ☐ Refusal to accept patient transfer with an Emergency Medical Condition.
Name of physician _____
- ☐ Other (explain):
- ☐ patient transported without appropriate personnel
- ☐ patient transported without appropriate equipment

DESCRIPTION OF PROBLEM/OCCURRENCE: